

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

5 Jun 17, 2005 8:00 am
Secretary of State

05-04-2005 90151 025 ***150.00

DOCUMENT # P04000052573 1. Entity Name FRANDY OF KEY WEST, INC.																																																																																																																	
Principal Place of Business 381 WEST INDIES DRIVE RAMROD KEY, FL 33042			Mailing Address 381 WEST INDIES DRIVE RAMROD KEY, FL 33042																																																																																																														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																															
City & State		City & State																																																																																																															
Zip	Country	Zip	Country																																																																																																														
4. FEI Number 56-2448752			Applied For ☐ Not Applicable																																																																																																														
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required																																																																																																														
6. Name and Address of Current Registered Agent GELMAN, ANDREW J. 381 WEST INDIES DRIVE RAMROD KEY, FL 33042			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																														
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Andrew J. Gelman</u> (NOTE: Registered Agent signature required when reappointing) DATE: <u>4-27-05</u>																																																																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>GELMAN, ANDREW J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>381 WEST INDIES DRIVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>RAMROD KEY, FL 33042</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>GELMAN, FRANCINE S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>381 WEST INDIES DRIVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>RAMROD KEY, FL 33042</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	NAME	Delete	NAME	GELMAN, ANDREW J		STREET ADDRESS	381 WEST INDIES DRIVE		CITY - ST - ZIP	RAMROD KEY, FL 33042		TITLE	NAME	Delete	NAME	GELMAN, FRANCINE S		STREET ADDRESS	381 WEST INDIES DRIVE		CITY - ST - ZIP	RAMROD KEY, FL 33042		TITLE	NAME	Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Change Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Change Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Change Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Change Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																	
SIGNATURE: <u>Andrew J. Gelman</u> <u>Andrew J. Gelman</u>				4-27-05 305-296-8268																																																																																																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #																																																																																																													